

ילדים ~ Yeladim at the jcc

september 13, 2010-june 17, 2011 for k-5th grade
 join anytime! ongoing pro-rated enrollment available!



activities included in yeladim prices:

Snack. Homework Help. Cooking. Arts & Crafts.
 Gym Fun. Computers. **New: Students will attend yPass 4-5pm in the gym!**
 (Out of School Coordinator must meet new child prior to program enrollment.)

vacation dayz: days not included in your Yeladim prices:

Winter Break~ Inservice/Days Off ~ Spring Break
 ~ Pre & Post Camp ~ Snow Days

Yeladim participants are offered **exclusive discounts on 4-5pm specialty classes too!**

yeladim: September 13, 2010 -June 17, 2011

JCC Member:

M T W TH F (please circle days)		
One Day	\$768	_____
Two Days	\$1512	_____
Three Days	\$2232	_____
Four Days	\$2928	_____
Five Days	\$3600	_____

Total Price \$ _____

Community Participant:

M T W TH F (please circle days)		
One Day	\$1032	_____
Two Days	\$2040	_____
Three Days	\$3046	_____
Four Days	\$3984	_____
Five Days	\$4920	_____

Total Price \$ _____



- **\$300.00 deposit required.** Yeladim fees may be made in full or monthly payment plans are available.
- Must be a JCC Member in good standing for the entire program to take advantage of reduced fees.(SEE BELOW.)
- **REFUNDS WILL NOT BE ISSUED FOR ANY WITHDRAWAL.**

Payment:

VISA MC Discover Card# _____ exp. _____ Vin # _____
 Payment in Full \$300.00 deposit Interested in Payment Plan
 Name on card _____

Child's Name _____ DOB _____

Address _____

Grade _____ Phone Number _____ Email _____

Parent Signature _____ Date _____

Director Signature _____ Date _____

**Return to
 Brenda Finberg, ECE Assistant Director/
 After School Coordinator
 610.435.3571 ext. 147**

Office use: Registered _____ Billed _____
 Check# _____ Payment Plan _____
 Initials _____ K8 2480 2011 / 8110



Jewish Community Center of Allentown Yeladim and Kinder KED 2010-2011

Child's Information

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Address _____ Phone: _____

Parent 1 Full Name: _____ Occupation: _____

Address:(if different) _____

Home Phone: _____ Business Phone: _____ Cell/Pager # _____

Business Address: _____ E-Mail: _____

Parent 2 Full Name: _____ Occupation: _____

Address:(if different) _____

Home Phone: _____ Business Phone: _____ Cell/Pager # _____

Business Address: _____ E-Mail: _____

Local Emergency Contact (other than parent) Please list two

Local Emergency Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell/Pager # _____

Local Emergency Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell/Pager # _____

Authorized to Pick-up (other than parent)

Child's Physician/Source of Medical Care

Health Insurance Group# _____ ID# _____

Company Name: _____ Policy # _____

Social History

List names and ages of siblings: _____

List any allergies or diet restrictions: _____

Frequent headaches: _____ Frequent stomachaches: _____

Fears: (please explain) _____

Is there anything new about your child or family that we should know? _____

Consent

I hereby give my consent for administration of minor first aid procedures by facility staff. Written consent is given for emergency medical care and transportation to the nearest facility if deemed necessary. I also give consent for walking excursions, field trips and riding on charter buses. I give full authority to act on my behalf in the event you are unable to contact me.

Director's Signature _____ Date _____

Parent's Signature _____ Date _____